

PLANNING DEPARTMENT
ZONING MAP AMENDMENT
SUPPLEMENTAL APPLICATION FORM

TOWN OF HILTON HEAD ISLAND

THIS FORM MUST BE ACCOMPANIED BY A MASTER APPLICATION FORM.

Please TYPE or PRINT legibly

NAME OF DEVELOPMENT: _____

CURRENT ZONING DISTRICT: _____

ZONING DISTRICT BEING REQUESTED: _____

THE FOLLOWING ITEMS MUST BE ATTACHED FOR THIS APPLICATION TO BE COMPLETE.
SEE LMO SECTION 16-3-1502 FOR MORE INFORMATION.

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NARRATIVE ADDRESSING REASONS FOR REZONING AND HOW THE
REQUEST MEETS THE CRITERIA OF 16-3-1505

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A BOUNDARY MAP OF SUBJECT PROPERTY PREPARED AND SEALED BY
A REGISTERED LAND SURVEYOR. A REPRODUCIBLE COPY OF THIS MAP,
NO LARGER THAN 11" X 17", MUST ALSO BE SUBMITTED.

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A COPY OF CORRESPONDENCE SOLICITING COMMENTS FROM ANY PROPERTY
OWNERS ASSOCIATION PER 16-3-1502-A.3.

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CERTIFICATION OF OWNER'S CONSENT.

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FILING FEE - \$500.00

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

TIME: _____

ACCEPTED BY: _____

MASTER TRACKING NUMBER: _____